

POWER OF ATTORNEY And CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/559146
	Filing Date	12.05.2005
	First Named Inventor	Alexander A. Khromykh
	Title	FLAVIVIRUS REPLICON PACKAGING SYSTEM
	Group Art Unit	1648
	Examiner Name	
	Attorney Docket Number	45930.5.1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	X <i>Douglas Porter</i>	Date	X 4/10/06
Name	Douglas Porter	Telephone	
Title and Company	The University of Queensland	Secretary and Registrar	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☐ *Total of 1 forms are submitted

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